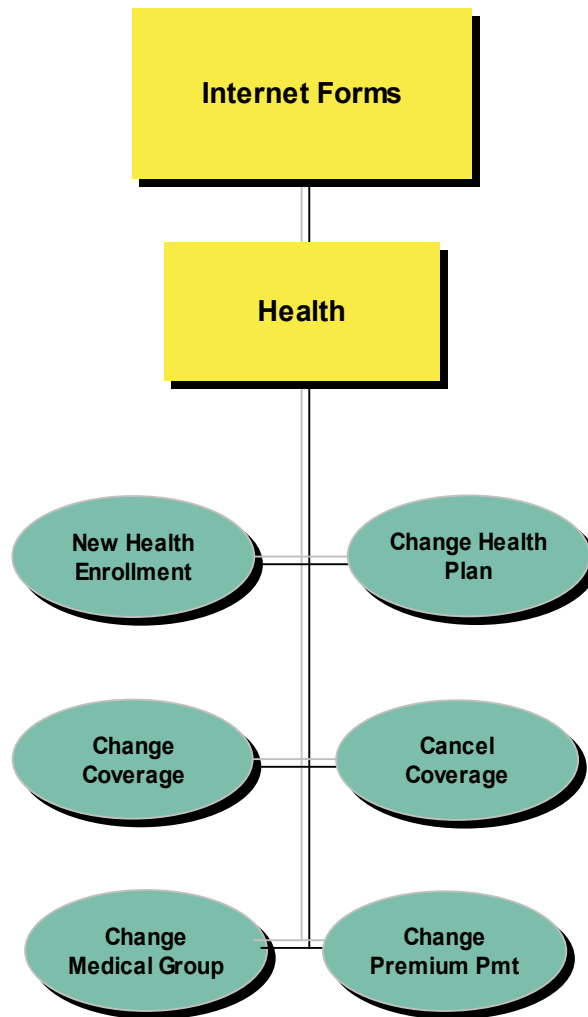


INTERNET FORMS: HEALTH

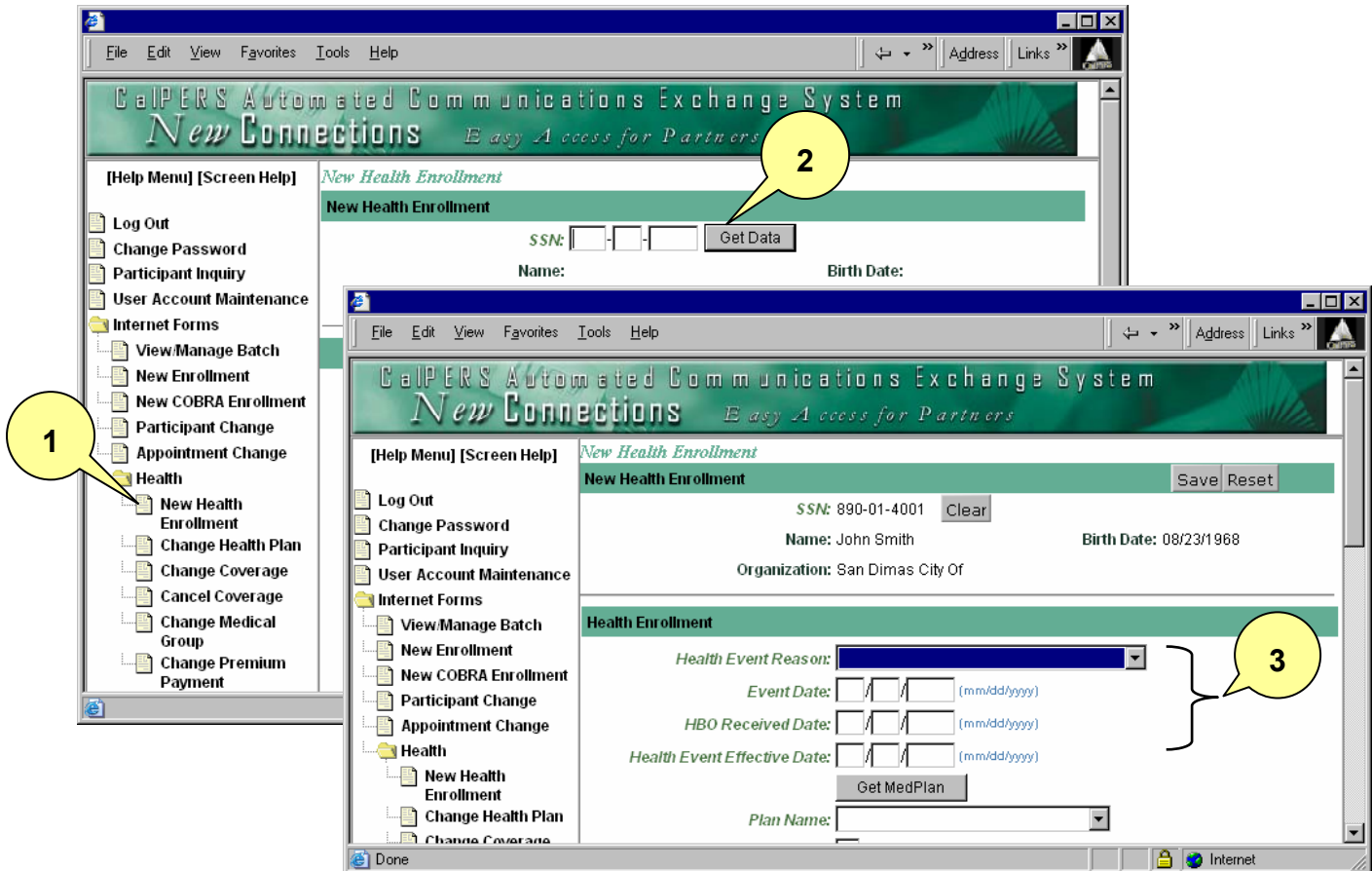
The **Internet Forms Health** function allows employers to submit new enrollment and change information related to a Participants' health benefits. Click on **Internet Forms**, then the **Health** folder to see the functions available to you, as shown in the diagram below.



New Health Enrollment

Use **New Health Enrollment** to enroll a Participant in Health coverage if the qualifying appointment already exists.

If this is an entirely new Participant to your agency (i.e., the Participant does not already have an appointment with your organization), use the Internet Forms: **New Enrollment** screen.



1. Select the **Health** folder under Internet Forms on the Navigation List. Click **New Health Enrollment**.
2. Enter the Participant's SSN and click **Get Data**.
3. If there are multiple appointments on file, select the appropriate one by clicking on the [Effective Date](#). Continue by entering the Health Enrollment information (*green/bold/italic* fields are required):
 - *Health Event Reason*
 - *Event Date*
 - *Health Benefits Officer (HBO) Received Date*
 - *Health Event Effective Date*

- Click **Get MedPlan**. This queries ACES for all Medical Groups and Health Plans effective on the health event effective date and populates the **Plan Name** drop-down list for selection. This includes future effective dates.

- Continue to enter Health Enrollment information:
 - Plan Name**. Select available plan from drop-down list.
 - Party Rate**. See Glossary or on-line Help for definition.
 - Eligibility ZIP (Complete this field only if necessary to qualify for a specific plan or if different from mailing ZIP code).
 - ER Address. Check this box when the enrollment is based on the Employer's ZIP Code.
 - Primary Care Physician.
 - Coverage Type (the default is Basic).
 - Medical Group** (State Agencies will not see this field. This applies to public agency and school district employees only).
 - Spouse SSN. Required if married, unless spouse/domestic partner will also be a dependent on Participant's Health coverage; in that case their SSN is entered in Add Dependent (see Step 7).
 - Qualifying SSN (Required when enrolling in own right due to loss of other CalPERS coverage).
- If the Participant has dependents to enroll, go to Step 7. If there are no dependents to enroll, click **Save**.

Don't forget to submit your batch via View/Manage Batch!

Public Agency Billing

Qualifying SSN:

Health Enrollment - Dependent(s)

SSN	Name	Birth Date	Relationship	Gender	Coverage Type
SSN: <input type="text"/> (Required for spouse/Domestic partners)	First Name: <input type="text"/> Middle Name/Initial: <input type="text"/> Last Name: <input type="text"/> Name Suffix: <input type="text"/>	Gender: <input type="text"/> Birth Date: <input type="text"/> (mm/dd/yyyy)	Relationship: <input type="text"/>	Coverage Type: <input type="text"/>	Primary Care Physician: <input type="text"/>

7

8

Add to List

Save Reset

7. At Health Enrollment – Dependent(s), enter dependent information as follows (*green/bold/italic* fields are required):
 - Social Security Number (Required for spouse/domestic partners. Users are encouraged to enter SSNs for all dependents.)
 - *First Name*
 - Middle Name/Initial
 - *Last Name*
 - Name Suffix
 - *Gender*
 - *Birth Date*
 - *Relationship*
 - *Coverage Type* (the default is basic)
 - Primary Care Physician
8. When you have entered all *green/bold/italic* information and all applicable optional information for the dependent, click **Add to List**.
 - If this is the only dependent to be added, go to Step 11.
 - To enroll additional dependents, repeat Steps 7 and 8.
 - If you want to correct or change information after you have clicked **Add to List**, go to Step 9.

Public Agency Billing

Health Enrollment - Dependent(s)

SSN	Name	Birth Date	Relationship	Gender	Coverage Type
--	Frodo Baggins	02/14/2002	Child	Male	Basic

1 of 1

SSN: (Required for spouse/Domestic partners)

First Name:

Middle Name/Initial:

Last Name:

Name Suffix:

Gender:

Birth Date: / / (mm/dd/yyyy)

Relationship:

Coverage Type:

Primary Care Physician:

9. To make changes to a dependent you have just added (but not yet saved), click on the [dependent name](#). When information previously entered appears, make desired changes. Click **Update List**.
10. To delete a dependent you have just added to the dependent list (but not yet saved), click on [dependent name](#). The information previously entered for this dependent appears. Click **Delete from List**.
11. When all adds/changes/deletes are completed, click **Save**.

Don't forget to submit your batch via View/Manage Batch!

Change Health Plan

Change Health Plan allows you to change an existing Participant's health plan. Use this when you receive a Participant request to change based on a geographical relocation or requests to change received during open enrollment.

1. Open the Internet Forms folder, and click on **Health**, then on **Change Health Plan**.
2. Enter Participant SSN and click **Get Data**.

The top screenshot shows the 'Change Health Plan' form with the following fields: SSN (with a 'Get Data' button), Name, and Birth Date. A yellow callout '2' points to the 'Get Data' button.

The bottom screenshot shows the form after data retrieval. It includes fields for:

- Health Event Reason (drop-down menu)
- Event Date (mm/dd/yyyy)
- HBO Received Date (mm/dd/yyyy)
- Health Event Effective Date (mm/dd/yyyy)
- Get Plan button (with a yellow callout '4')
- Plan Name (drop-down menu, showing 'PERSCare-BC-278')
- Party Rate (3)
- Eligibility ZIP (with a note '(if different from mailing address ZIP)')
- ER Address checkbox
- Primary Care Physician (text field)

 A yellow callout '3' points to the date fields. A yellow callout '1' points to the 'Health' folder in the left-hand menu.

At the bottom of the bottom screenshot, there is a table titled 'Choose Dependent from list below to Change that Dependent's Primary Care Physician':

Select	SSN	Name	Birth Date	Relationship	Primary Care Physician

3. Enter/edit the following information (*green/bold/italic* fields are required):
 - *Health Event Reason*. Select the reason code from the drop-down list.
 - *Event Date*. Enter the open enrollment date or date of relocation.
 - *HBO Received Date*. Enter date the request was received by employer.
 - *Health Event Effective Date*. Enter the effective date of change.
4. Click **Get Plan**. This queries the system for all available Health Plans effective on the effective date and populates the *Plan Name* drop-down list. This includes future effective dates.

CalPERS Automated Communications Exchange System
New Connections Easy Access for Partners

[Help Menu] [Screen Help] **Change Health Plan** Save Reset

SSN: 890-01-4003 Clear

Name: Jane Smith Birth Date: 07/10/1954

Organization: San Dimas City Of

Health Event Reason:

Event Date: (mm/dd/yyyy)

HBO Received Date: (mm/dd/yyyy)

Health Event Effective Date: (mm/dd/yyyy)

Get Plan

Plan Name: **PERSCare-BC-278**

Party Rate: 3

Eligibility ZIP: (if different from mailing address ZIP) ☐ ER Address

Primary Care Physician:

Choose Dependent from list below to Change that Dependent's Primary Care Physician

Select	SSN	Name	Birth Date	Relationship	Primary Care Physician
<input type="checkbox"/>	890-01-4005	Bob Smith	08/25/1960	Spouse	<input type="text"/>
<input checked="" type="checkbox"/>	--	Steven Smith	09/15/2000	Child	Dr Lance Armstrong

1 of 1

Save Reset

5. Enter/edit the following information (fields in **green/bold/italic** required):
 - **Plan Name**. The current plan will populate. Select the new plan.
 - Party Rate. This field is not changeable.
 - Eligibility ZIP (Complete this field only if necessary to qualify for a specific plan or if different from mailing ZIP code.)
 - ER Address (Check this box if the Eligibility ZIP is the Employer's ZIP Code.)
 - Primary Care Physician
6. To add a dependent's Primary Care Physician information, check the box next to the dependent(s), and enter/edit the Primary Care Physician.
7. Click **Save**.

Don't forget to submit your batch via View/Manage Batch!

Change Coverage

The Change Coverage screen is used to submit a change to a Participant's and/or dependent's coverage type (i.e., from Basic to Medicare).

1. Open the Internet Forms folder on the Navigation List, then open the **Health** folder and click on **Change Coverage**.
2. Enter the Participant's SSN and click **Get Data**.

CalPERS Automated Communications Exchange System
New Connections Easy Access for Partners

[Help Menu] [Screen Help] **Change Coverage Type**

Change Coverage Type

SSN:

Name: Birth Date:

Organization:

Navigation List:

- Log Out
- Change Password
- Participant Inquiry
- User Account Maintenance
- Internet Forms
 - View/Manage Batch
 - New Enrollment
 - New COBRA Enrollment
 - Participant Change
 - Appointment Change
 - Health
 - New Health Enrollment
 - Change Health Plan
 - Change Coverage
 - Cancel Coverage
 - Change Medical Group
 - Change Premium Payment
 - Dependent
 - File Transfer
- Done

Form Fields:

SSN: 890-01-4003

Name: Jane Smith Birth Date: 07/10/1954

Organization: San Dimas City Of

Health Event Reason:

Event Date: (mm/dd/yyyy)

HBO Received Date: (mm/dd/yyyy)

Health Event Effective Date: (mm/dd/yyyy)

Plan Name: PERSCare-BC-278

Party Rate: 3

Participant Coverage:

Primary Care Physician:

Choose Dependent from list below to Change that Dependent's Coverage

Select	SSN	Name	Birth Date	Relationship	Coverage
<input type="checkbox"/>	890014005	Bob Smith	08/25/1960	Spouse	Basic
<input type="checkbox"/>		Steven Smith	09/15/2000	Child	Basic

1 of 1

3. Enter/edit the following information (*green/bold/italic* fields are required):
 - **Health Event Reason**. Select the reason code from the drop-down list.
 - **Event Date** (e.g., Medicare effective date).
 - **HBO Received Date**. Enter the date the request was received by employer.
 - **Health Event Effective Date**. Enter the effective date of the change.
 - Plan Name. This field is not changeable.
 - Party Rate (Defaults to current party rate – not an editable field).

- **Participant Coverage.** If this change is for the Participant, select appropriate coverage type and proceed to Step 6. If change is for a dependent, select coverage type of basic, and go to Step 4.
4. Select box of appropriate dependent.

CalPERS Automated Communications Exchange System
New Connections *Easy Access for Partners*

[Help Menu] [Screen Help] **Change Coverage Type**

Change Coverage Type 6 Save Reset

SSN: 890-01-4003 Clear

Name: Jane Smith Birth Date: 07/10/1954

Organization: San Dimas City Of

Health Event Reason:

Event Date: (mm/dd/yyyy)

HBO Received Date: (mm/dd/yyyy)

Health Event Effective Date: (mm/dd/yyyy)

Plan Name: PERSCare-BC-278

Party Rate: 3

Participant Coverage:

Primary Care Physician:

Choose Dependent from list below to Change that Dependent's Coverage

Select	SSN	Name	Birth Date	Relationship	Coverage
<input type="checkbox"/>	890014005	Bob Smith	08/25/1960	Spouse	Basic
<input checked="" type="checkbox"/>		Steven Smith	09/15/2000	Child	Managed Medicare

1 of 1

4 Save Reset

5. Select **Coverage** type from drop-down list.
6. When all Participant and dependent coverage changes have been made, click **Save**.

Don't forget to
submit your
batch via
View/Manage
Batch!

Cancel Coverage

The **Cancel Coverage** screen is used to cancel a Participant's health coverage.

1. Open the Internet Forms folder, and click on **Health**, then on **Cancel Coverage**.
2. Enter Participant's SSN and click **Get Data**.

The image displays two screenshots of the GaPERS Automated Communications Exchange System interface. The top screenshot shows the 'Cancel Coverage' screen with fields for SSN, Name, Birth Date, and Organization, and a 'Get Data' button. A yellow callout '2' points to the 'Get Data' button. The bottom screenshot shows the same screen after data entry, with fields for SSN (890-01-4003), Name (Jane Smith), Birth Date (07/10/1954), and Organization (San Dimas City Of). It also includes fields for Health Event Reason, Event Date, HBO Received Date, and Health Event Effective Date, along with Plan Name (PERSCare-BC-278) and Party Rate (3). A yellow callout '1' points to the 'Health' folder in the left sidebar. A yellow callout '3' points to the 'Internet Forms' folder in the left sidebar. A yellow callout '4' points to the 'Save' button at the bottom right. A green starburst callout at the bottom says 'Don't forget to submit your batch via View/Manage Batch!'.

3. Enter/edit the following information (*green/bold/italic* fields are required):
 - *Health Event Reason*. Select the reason code from the drop-down list.
 - *Event Date*. (e.g., date of Participant's request).
 - *HBO Received Date*. Enter date the request was received by employer.
 - *Health Event Effective Date*. Enter the effective date of change.
 - Plan Name. This field is not changeable.
 - Party Rate. This field is not changeable.
4. Click **Save**.

Don't forget to
submit your
batch via
View/Manage
Batch!

Change Medical Group

Use the **Change Medical Group** function to change the medical group (bargaining unit) for a Participant who is an employee of a public agency or school district.

1. Open the Internet Forms folder on the Navigation List, then open the **Health** folder and click **Change Medical Group**.

1 Click on the **Change Medical Group** link in the Internet Forms folder.

2 Enter Participant's SSN and click **Get Data**.

3 Enter the **Medical Group Effective Date**.

4 Click **Get Med Group**. This will query the system for all available Medical Groups effective on that date and populate them in the drop-down list for selection. This includes future effective dates.

5 Select the new **Medical Group** (bargaining unit).

6 Click **Save**.

Start Date	Effective Date	Status	Medical Group	Retirement System	CBU
08/23/2002	09/01/2002	Active	000	Public Employees' Retirement	None

Medical Group Effective Date: 08/23/2002 (mm/dd/yyyy)

Medical Group: 000 ALL EMPLOYEES

2. Enter Participant's SSN and click **Get Data**.
3. Enter the **Medical Group Effective Date**.
4. Click **Get Med Group**. This will query the system for all available Medical Groups effective on that date and populate them in the drop-down list for selection. This includes future effective dates.
5. Select the new **Medical Group** (bargaining unit).
6. Click **Save**.

Don't forget to submit your batch via View/Manage Batch!

Change Premium Payment

Changes a Participant's method of premium payment to or from regular payroll or direct pay. Payment method changes are usually the result of a Participant going on or returning from a leave of absence.

1. Open the Internet Forms folder on the Navigation List, then open the **Health** folder and click **Change Premium Payment**.

2. Enter Participant's SSN and click **Get Data**.
3. Enter/edit the following information (*green/bold/italic* fields are required):
 - ***Health Event Reason***. Select the reason code from the drop-down list.
 - Premium Payment Method. This field populates automatically after Health Event Reason is selected.
 - ***Event Date***.
 - ***HBO Received Date***. Enter the date the request was received by employer.
 - ***Health Event Effective Date***. Enter the effective date of change.
 - Plan Name. This field is not changeable.
 - Party Rate. This field is not changeable.
4. Click **Save**.

Don't forget to submit your batch via View/Manage Batch!